

Item 2 File G201 8-13-56 et

VS. A15ME(S)
SM 9/55

BUREAU V. 8

AUG 12 1956

RECEIVED

7253

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|--|-------------------------------|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | | |
| c. LENGTH OF STAY IN 1b 10 HOURS | | | | d. STREET ADDRESS ROUTE #1 | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First LUCINDA Middle RUTH Last FERGUSON | | | | 4. DATE OF DEATH Month JULY Day 19 Year 19 56 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH DECEMBER 29, 1955 | | 9. AGE (In years lost birthday) yrs. 6 Months 20 Days 4 Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME GEORGE J. FERGUSON | | | | 14. MOTHER'S MAIDEN NAME BERNICE GERALDINE SHAFFER | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT GEORGE J. FERGUSON, R #1, OAKLAND, MD | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction 431 x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Toxins of undetermined origin DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH 9 hours | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While <input type="checkbox"/> at work Nat while <input type="checkbox"/> at work | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from DECEMBER 29, 1955 , to JULY 19, 1956 , that I last saw the deceased alive on 19 July , 19 56 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Andrew E. Mance M.D. | | ADDRESS (Street, city or town, state) Oakland Md | | DATE SIGNED 20 July 56 | | | |
| PHYSICIAN'S NAME (Type) ANDREW E. MANCE, M.D. | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7/22/1956 | | 22c. NAME OF CEMETERY OR CREMATORY Stemple Ridge Church Cemetery | | 22d. LOCATION (City, town, or county) (State) Preston County, W. Va. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton | | ADDRESS Oakland, Md. | | 24a. REC'D BY REGISTRAR July 22 1956 | | 24b. REGISTRAR'S SIGNATURE Julius A. Rowan | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be obtained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1956

BUREAU V. 31

JUL 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7254

CERTIFICATE OF DEATH

07228

Reg. Dist. No.

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY GARRETT | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural | | | | c. LENGTH OF STAY IN 1b all life | | | |
| c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville Md. | | | | d. STREET ADDRESS Rural | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) SOL - - FRANTZ | | | | 4. DATE OF DEATH July 10 - 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH aug 4 - 1880 | |
| 9. AGE (In years, last birthday) 76 yrs. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer | | 10b. KIND OF BUSINESS OR INDUSTRY Lumber | | 11. BIRTHPLACE (State or foreign country) Maryland | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | 13. FATHER'S NAME Wesley FRANTZ | | | |
| 14. MOTHER'S MAIDEN NAME Julia - ROSS | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | | |
| 16. SOCIAL SECURITY NO. 218-16-4832 | | | | 17. INFORMANT Mrs Sol. Frantz - Friendsville Md Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis 199.9 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Uremia DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | 20g. (City or town) (County) (State) | | | |
| 21. I certify that I attended the deceased from July 6, 1956 to July 10, 1956 that I last saw the deceased alive on July 10, 1956 , and that death occurred at 6:15 P.M. from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Harold Ramon M.D. | | | | ADDRESS (Street, city or town, state) R.D. Markleysburg, Pa. | | | |
| DATE SIGNED July 12, 56 | | | | 24b. REGISTRAR'S SIGNATURE Mr. Ruth Frantz | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | 22b. DATE THEREOF July 12 - 56 | | | |
| 22c. NAME OF CEMETERY OR CREMATORY Sand Spring Cemetery | | | | 22d. LOCATION (City, town, or county) (State) Friendsville - Md | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE W.H. Rodakauer - Markleysburg Pa | | | | 24a. REC'D BY REGISTRAR July 12, 56 | | | |

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in only event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07229/66

7255

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|--|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY GARRETT | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MARSHALL FRIEND | | 4. DATE OF DEATH Month Day Year JULY 27 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH NOV-1-1866 |
| 9. AGE (In years last birthday) yrs. 90 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) MC HENRY MD | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME JOHN W. FRIEND | | 14. MOTHER'S MAIDEN NAME SARAH JOHNSON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT MRS MARY M. FRIEND | | Address OAKLAND MD. RT.-1 | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 434.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PROSTATIC HYPERTROPHY | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from July 27 , 1956, to July 27 , 1956, that I last saw the deceased alive on July 27 , 1956, and that death occurred at 9:27 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 25 ALDER ST OAKLAND MD DATE SIGNED 7/27/56 ACTUAL SIGNATURE E. J. Bauman M.D. PHYSICIAN'S NAME (Type) E. J. BAUMAN OAKLAND MD | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF JULY-30-1956 | |
| 22c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY | | 22d. LOCATION (City, town, or county) (State) NEAR OAKLAND MD. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden | | 24a. REC'D BY REGISTRAR 7/30/56 | |
| ADDRESS OAKLAND MD | | 24b. REGISTRAR'S SIGNATURE Julia L. Howan | |

CERTIFICATE OF DEATH

BUREAU V. S.

AUG 1 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7256

CERTIFICATE OF DEATH

Reg. Dist. No.

07230 6

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|---|----------------------------------|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Garrett</u> <u>MARYLAND</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Allegany</u> | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Oakland, Md.</u> | | | | c. LENGTH OF STAY IN 1b <u>2 weeks</u> | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Weeks Nursing Home</u> | | | | d. STREET ADDRESS <u>713 St. Mary's Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or print) <u>James H. Hipsley, Sr.</u> | | | | 4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1956</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 15, 1876</u> | 9. AGE (In years last birthday) yrs. <u>79</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brakeman</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Martinsburg, W. Va.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | 13. FATHER'S NAME <u>James W. Hipsley</u> | | | |
| 14. MOTHER'S MAIDEN NAME <u>Elizabeth Walters</u> | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u> | | | |
| 16. SOCIAL SECURITY NO. <u> </u> | | | | 17. INFORMANT <u>Raymond Hipsley, Cumberland, Md.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> <u>4341</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u> </u> DUE TO (c) <u> </u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u> | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. <u> </u> p. m. <u> </u> 19 <u> </u> | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u> | |
| 20f. (City or town) <u> </u> | | | | 20g. (County) <u> </u> | | 20h. (State) <u> </u> | |
| 21. I certify that I attended the deceased from <u>July 17, 1956</u> , to <u>July 23, 1956</u> , that I last saw the deceased alive on <u>July 23, 1956</u> , and that death occurred at <u>6:42 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE <u>[Signature]</u> M.D. <u>250 Elder St - Oakland</u> | | | | DATE SIGNED <u>7/23/56</u> | | | |
| PHYSICIAN'S NAME (Type) <u>E. L. BARNHARTNER</u> | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 22b. DATE THEREOF <u>7-26-56</u> | | 22c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Burial Park</u> | | 22d. LOCATION (City, town, or county) (State) <u>Cumberland, Md.</u> | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <u>James F. Scarpelli, Cumberland, Md.</u> | | | | 24a. REC'D BY REGISTRAR <u>July 26, 1956</u> | | 24b. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 4 and 5 should be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE

CERTIFICATE OF DEATH

1956

BUREAU V. 21

JUG 1 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be obtained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07231

7257 CERTIFICATE OF DEATH

Reg. Dist. No. 166

| | | | | | | | |
|--|------------------------------|---|--------------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | | | c. LENGTH OF STAY IN 1b 1 3/4 days | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle FLOYD Last LOWDERMILK | | | | 4. DATE OF DEATH Month JULY Day 1 Year 1956 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1/13/1880 | | 9. AGE (In years last birthday) 76 yrs. | IF UNDER 1 YEAR Months Days Hours Min | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER | | 10b. KIND OF BUSINESS OR INDUSTRY COAL | | 11. BIRTHPLACE (State or foreign country) MARYLAND | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME JAMES H. LOWDERMILK | | | | 14. MOTHER'S MAIDEN NAME SOPHRONIA DE WITT | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 213 10 3726 | | 17. INFORMANT MAYO SISLER | | Address NEW BRUNSWICK, N.J. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary heart disease DUE TO Arterio sclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 3 days 4 years | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | |
| 20f. (City or town) (County) (State) | | | | 20g. (City or town) (County) (State) | | | |
| 21. I certify that I attended the deceased from 4-4-1953 to 7-1-1956 , that I last saw the deceased alive on 7-1-1956 , and that death occurred at 7:40 P.M. from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Andrew E. Mance M.D. | | | | ADDRESS (Street, city or town, state) Oakland Md DATE SIGNED 7 July 1956 | | | |
| NAME (Type) ANDREW E. MANCE, M.D. | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF JULY 3-1956 | | 22c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY | | 22d. LOCATION (City, town, or county) (State) NEAR SANG RUN MD. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden | | | | ADDRESS OAKLAND MD | | 24a. REC'D BY REGISTRAR DATE 7/3/56 | |
| | | | | 24b. REGISTRAR'S SIGNATURE John A. Hovnan | | | |

U.S. 100-10000

U.S. 100-10000

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-58 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7258 CERTIFICATE OF DEATH

Reg. Dist. No. 07232 172

| | | | | | | | |
|---|----------------------------------|--|--|--|--|--|--------------------------------|
| 1. PLACE OF DEATH COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) KITZMILLER TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS CENTER STREET | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- SWANTON STREET ADDRESS (If rural give location) R#2- NORTH GLADE | | | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CURTIS CREIGHTON MILLER | | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 2, 1956 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAY 1, 1910 | | 9. AGE last birthday 46 yrs. | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life) Bus driver merchant school bus | | | | 10b. KIND OF BUSINESS school bus | | 11. BIRTHPLACE (State or foreign country) HAMBLETON, W. Va. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME HOWARD MILLER | | | | 14. MOTHER'S MAIDEN NAME MINNIE BROADWATER | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give or unk.) (If Yes, give war or dates of service) NO | | | | 16. SOCIAL SECURITY NO. 299-01-4442 | | 17. INFORMANT & ADDRESS Mrs. Curtis C. Miller, R#2, Swanton, Md. | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Acute coronary thrombosis ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) | | | | 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 hr. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from July 2, 1956 , to July 7, 1956 , that I last saw the deceased alive on July 2, 1956 , and that death occurred at 2:30 P.M. from the causes and on the date stated above. | | | | | | | |
| SIGNATURE Alfred Culandrelli | | | | ADDRESS (Street, city, town, state) R#2, SWANTON, MD. DATE SIGNED July 3-56 | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | DATE THEREOF 7/5/56 | | NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY | | LOCATION (City, town or county) (State) R#2, SWANTON, MD. | |
| 24. REC'D BY REGISTRAR DATE 7/5/56 | | REGISTRAR'S SIGNATURE Al Warrick | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert Sharpe | | ADDRESS Blaine, W. Va | |

RECEIVED

1961

RECEIVED

7259

CERTIFICATE OF DEATH

Reg. Dist. No. 166

| | | | | | | | |
|---|----------------------------------|--|---|---|---|--------------------------------------|---|
| 1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE MD b. COUNTY GARRETT | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND MD. | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or print) First ALMIRA Middle ROTH Last NICHOLSON. | | | | 4. DATE OF DEATH Month JULY Day 20 Year 1956 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH NOV.-10-1866. | | 9. AGE (In years last birthday) 89 yrs. | IF UNDER 1 YEAR Months | IF UNDER 24 HRS Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) GARRETT Co. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME JOHN ROTH. | | | | 14. MOTHER'S MAIDEN NAME EVE SHAFFER. | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address MRS. RAY BROWNING OAKLAND MD. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident 331X DUE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____ | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (1) Decubitus (2) malnutrition | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Month , 1953, to July , 1956, that I last saw the deceased alive on July 17 , 1956, and that death occurred at 2:20 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 25 ARDEN ST OAKLAND MD 7/21/56 | | | | | | | |
| ACTUAL SIGNATURE E. I. BAUMGARTNER | | | | M.D. 25 ARDEN ST OAKLAND MD 7/21/56 | | | |
| PHYSICIAN'S NAME (Type) | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 22b. DATE THEREOF JULY-22-1956 | 22c. NAME OF CEMETERY OR CREMATORY RED HOUSE CEMETERY | | 22d. LOCATION (City, town, or county) (State) RED HOUSE MD. | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden | | | ADDRESS OAKLAND MD. | | 24a. REC'D BY REGISTRAR 7/22/56 | | |
| | | | | | 24b. REGISTRAR'S SIGNATURE John E. Howan | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Pages 3 and 4 should be filed with the registrar.

CHERRY V. E.

JUL 1956

CHERRY V. E.

7260

CERTIFICATE OF DEATH

Reg. Dist. No.

072356

| | | | |
|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park c. LENGTH OF STAY IN 1b 93 yrs. d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At Home | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park, d. STREET ADDRESS 4 Mi. No. Deer Park e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Lucinda. Last Paugh | | 4. DATE OF DEATH Month July Day 1 Year 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 18, 1862 |
| 9. AGE (In years last birthday) 93 yrs | | 10. IF UNDER 1 YEAR Months Days Hours Min | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Garrett V. Moon | | 14. MOTHER'S MAIDEN NAME Jane Wilson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ---- | |
| 17. INFORMANT James V. Paugh | | Address Deer Park, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis +400 r DUE TO (b) Arteriosclerotic C.R.D. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 3 wks - 10 yrs |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 1956 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) |
| 20f. (City or town) | | (County) (State) | |
| 21. I certify that I attended the deceased from 22 May, 1956 to 1 July, 1956 that I last saw the deceased alive on 1 July, 1956 and that death occurred at 3:30 P.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE A.E. Mance | | DATE SIGNED 3 July 1956 | |
| PHYSICIAN'S NAME (Type) A.E. MANCE MD. | | ADDRESS (Street, city or town, state) | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 7/3/1956 | 22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery | 22d. LOCATION (City, town, or county) (State) Oakland, Maryland |
| 23. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton | | ADDRESS Oakland, Md. | |
| 24a. REC'D BY REGISTRAR 7/3/56 | | 24b. REGISTRAR'S SIGNATURE Julia Brown | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be obtained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

U. S. CIVILIAN

8 A. 10. 11

CERTIFICATE OF DEATH

7261

Reg. Dist. No. 166

| | | | | | | | |
|--|------------------|--|-----------------------------------|--|---|--|------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | |
| COUNTY <u>Garrett</u> | | STATE <u>Maryland</u> | | COUNTY <u>Allegheny</u> | | | |
| CITY (If outside corporate limits, write RURAL OR and give nearest town) | | LENGTH OF STAY (in this place) | | CITY (If outside corporate limits, write RURAL and give nearest town) | | | |
| TOWN <u>Oakland</u> | | <u>30 dys.</u> | | TOWN <u>Star Route, Flintstone, Md.</u> | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing home</u> | | | | STREET ADDRESS (If rural give location) <u>Old Cumberland Road near Artemas</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | | 4. DATE OF DEATH | | | |
| (First) <u>CHARLES</u> (Middle) <u>PERDEW</u> (Last) | | | | (Month) <u>July</u> (Day) <u>14</u> (Year) <u>1956</u> | | | |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | | IF UNDER 24 HRS. |
| <u>Male</u> | <u>White</u> | <u>Widowed</u> | <u>Feb. 8, 1870</u> | <u>86</u> yrs. | Months | Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? |
| <u>Retired farmer</u> | | | <u>Farm owner</u> | | <u>Near Artemas, Penna.</u> | | <u>U. S.</u> |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | |
| <u>Moses K. Perdue</u> | | | | <u>Mary E. Roberts</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT & ADDRESS | | | |
| <u>No</u> | | <u>None</u> | | <u>Akron, Ohio</u> <u>Mrs. Nellie Johnson 570 N. Firestone Blvd.</u> | | | |
| 18. MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | | | |
| 331X IMMEDIATE CAUSE (A) <u>Acute Myocardial Infarction</u> | | | | <u>3 dys</u> | | | |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute Coronary Hemorrhage</u> | | | | <u>3 dys</u> | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension</u> | | | | <u>?</u> | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cholera</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (City or town) | | (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June 13, 1956</u> , to <u>July 14, 1956</u> , that I last saw the deceased alive on <u>July 13, 1956</u> , and that death occurred at <u>6:00 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| SIGNATURE <u>Ralph Calandrella</u> M.D. | | | | ADDRESS (Street, city, town, state) <u>Kitzmiller, Md.</u> | | DATE SIGNED <u>July 14-56</u> | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | | DATE THEREOF | | NAME OF CEMETERY OR CREMATORY | | LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | | <u>7/16/56</u> | | <u>Mt. Hope Cemetery</u> | | <u>Near Artemas, Penna.</u> | |
| 24. REC'D BY REGISTRAR | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
| <u>July 16, 1956</u> | | <u>Julia R. Rowan</u> | | <u>R. Wayne George</u> | | <u>Cumberland, Md.</u> | |

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

BUREAU V. S.

JUL 27 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07237

Reg. Dist. No.

| | | | | | | | |
|--|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY 7262 Garrett MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville | | | c. LENGTH OF STAY IN 1b Life | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Friendsville, Maryland | | | | d. STREET ADDRESS Friendsville, Maryland | | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Kenneth Lee Savage | | | | 4. DATE OF DEATH Month Day Year July 26 1956 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 28, 1956 | |
| 9. AGE (In years last birthday) yrs. 3 28 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) Oakland, Maryland | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | 13. FATHER'S NAME Foster Savage | | | |
| 14. MOTHER'S MAIDEN NAME Goldie Jones | | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | |
| 16. SOCIAL SECURITY NO. None | | | | 17. INFORMANT Foster Savage | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis and Hydrothorax DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) | | | | 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | | |
| 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | | |
| 20f. (City or town) (County) (State) | | | | 21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> | | | |
| ACTUAL SIGNATURE E. Irving Baumgartner | | | | DATE SIGNED July 28, 1956 | | | |
| EXAMINER'S NAME (Type) E. Irving Baumgartner, M.D. | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7/28/56 | | 22c. NAME OF CEMETERY OR CREMATORY Bloomington Rose | | 22d. LOCATION (City, town, or county) (State) Nr. Friendsville, Md | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Jack A. Friend | | | | ADDRESS Friendsville | | | |
| 24a. REC'D BY REGISTRAR DATE 7/28/56 | | | | 24b. REGISTRAR'S SIGNATURE Mrs. Ruth Friend | | | |

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PA3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BEAU V. S.

AUG 5 1900

1000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7263

CERTIFICATE OF DEATH

Reg. Dist. No.

072386

| | | | |
|--|---------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Swanton | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Swanton | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 Mi. West Swanton, Md. | | d. STREET ADDRESS 3 Mi. West Swanton | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Henry Middle August Last Schmidt | | 4. DATE OF DEATH Month July Day 24 Year 1956 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 7, 1872 |
| 9. AGE (In years last birthday) 84 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Forman, Balto. & Ohio R. R. Co. Maryland | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) U. S. A. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME August Henry Schmidt | | 14. MOTHER'S MAIDEN NAME Rachel Beckman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT William H. Schmidt | | Address Swanton, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Bronchitis - Pneumonia Bilateral 331X DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last. 240X (b) Cerebral Hemorrhage with left-sided DUE TO (c) Paralysis due to Hypertension | | INTERVAL BETWEEN ONSET AND DEATH 2 days 4 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Gangrene of middle toe left foot. Warbler | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from Jan 1956 to July 24 1956 , that I last saw the deceased alive on July 24 1956 and that death occurred at 10:55 PM , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE Ralph Calandrella M.D. | | ADDRESS (Street, city or town, state) Kitzmillers, Md. DATE SIGNED 7/26/56 | |
| PHYSICIAN'S NAME (Type) RALPH CALANDRELLA | | Kitzmillers MD | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 7/27/1956 | 22c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | 22d. LOCATION (City, town, or county) (State) Deer Park, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Herbert G. Leighton | | ADDRESS Oakland, Md. | |
| 24a. REC'D BY REGISTRAR DATE 7/27/56 | | 24b. REGISTRAR'S SIGNATURE John G. Brown | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. 21

1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7264

CERTIFICATE OF DEATH

0723966
Reg. Dist. No.

| | | | |
|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland. b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, | |
| c. LENGTH OF STAY IN 1b 50 yrs. | | d. STREET ADDRESS Wilson St., Ex. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wilson St., Ex. | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Walter Middle Scott Last Shreve | | 4. DATE OF DEATH Month July Day 21 Year 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 3, 1877 |
| 9. AGE (In years last birthday) 79 yrs. | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tie & Lumber Inspector, B & O, RR Co. West Virginia | | 10b. KIND OF BUSINESS OR INDUSTRY West Virginia | |
| 11. BIRTHPLACE (State or foreign country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Cyrus Shreve | | 14. MOTHER'S MAIDEN NAME Emily Hollaway | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 705 09 1606 | |
| 17. INFORMANT Mrs. Bessie Shreve | | Address Oakland, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure 432.1 DUE TO (b) Art. C. V. D. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Bronchitis - for years INTERVAL BETWEEN ONSET AND DEATH few minutes | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from April , 19 54 , to July 21 , 19 56 , that I last saw the deceased alive on July 18 , 19 56 , and that death occurred at 7:45 P M, from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE Thomas F. Lusk M.D. | | ADDRESS (Street, city or town, state) 77 Balch St DATE SIGNED 7/21/56 | |
| PHYSICIAN'S NAME (Type) THOMAS F. LUSK | | Oakland, Md | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 7/24/1956 | 22c. NAME OF CEMETERY OR CREMATORY North Glade Cemetery | 22d. LOCATION (City, town, or county) (State) Garrett County, Maryland. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton | | ADDRESS Oakland, Md 24a. REC'D BY REGISTRAR 7/25/56 24b. REGISTRAR'S SIGNATURE James H. Homan | |

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BUREAU V. 1

JUL 27 1956

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